

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036702

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 198

FILED OCT 11 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage	
Length of stay in 1b 84 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital		d. STREET ADDRESS (If outside, give location) 701 Howard St	
3. NAME OF DECEASED (Type or print) First HOMER Middle L Last STANLEY		4. DATE OF DEATH Month October Day 3 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-5-79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired lumberman		10b. KIND OF BUSINESS OR INDUSTRY retail sales	
11. BIRTHPLACE (City and state or country) Jasper County, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ira Stanley		13b. MOTHER'S MAIDEN NAME Hannah Sester	
14. NAME OF HUSBAND OR WIFE Bettie Wetherell Stanley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Carthage, Mo Mrs. B.A. Vaughan, 400 Bellaire	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia, hypostatic DUE TO (c) Atelectasis, left lung PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anemia, primary (Addisonian) PART III. If deceased was female was there a pregnancy in last 90 days. 55 years <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour 10:32 a.m. pm Month, Day, Year June 15, 63		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 15, 63 to 10-3-63 and last saw him alive on 10-3-63 Death occurred at 10:32 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Emory J. Minton M.D.		22b. ADDRESS 201 W. 3rd, Carthage, Mo	
22c. DATE SIGNED 10-4-63		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 10-5-63		23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	
23d. LOCATION (City, town, or county) (State) Carthage, Missouri		24. FUNERAL DIRECTOR ADDRESS KNELL MORTUARY Carthage, Mo	
25. DATE RECD. BY LOCAL REG. 10-4-63		26. REGISTRAR'S SIGNATURE Emory J. Minton	

(Licensed Embalmer's Statement on Reverse Side)

MAR 28 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. 683

working under my personal supervision.

Student

John G. McConnell

Signature of Student Embalmer

Signed

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, He also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.